DD-220-1-PF (3-05) (English) P/P Ch.800

ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Developmental Disabilities INDIVIDUAL SUPPORT PLAN (ISP)

ISP - SUPPORT INFORMATION

INDIVIDUAL'S NAME				DATE	
DDD ELIGIBLE DIAGNOSIS			BY WHOM		
	MEDIO	CATIONS			
Medication's Name	me Dosage Reason for Medication			Precautions/ Major Side Effects	
		RAL HEALTH	!		
BEHAVIORAL HEALTH AGENCY/CLINIC					
ADDRESS (No., Street, City, State, ZIP)			PHONE NO.		
PSYCHIATRIST			PHONE NO.		
QUALIFIED BEHAVIORAL HEALTH PRO	FESSIONAL (QBHP)/CLINICAL LIAISON'S	S NAME AND TITLE			
PHONE NO. FREQUENCY OF MEDICATION REVIEWS					
L BEHAVIORAL HEALTH PRESENTING PROBLEMS			DATE OF LAST PROGRAM REVIEW (PRC) (If applicable)		
	Yes No (If yes, list objects eating professional's notes or from			l Health Treatment Plan, the cal Liaison).	

Equal Opportunity Employer/Program • Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative format by contacting 602-542-6825. • Español en el reverso.